

FROM : FLEX ACCTING

FAX NO. : 17409225699

Jun. 14 2007 03:20PM P3

Name of Debtor Delphi Corporation		05-44481	
NOTE: This form should not be used to make a claim for an administrative expense relating after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Flex Technologies Inc		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Flex Technologies Inc 10524 Grand River Ave Ste 119 Brighton MI 48116			
Telephone number: 740-922-5992			
Account or other number by which creditor identifies debtor: 315, 317, 37004		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. Basis for Claim <input checked="" type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Lent <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other _____ <input type="checkbox"/> Retire benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: 8-22-05 through 1-16-06		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 22,759.50 (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salary, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/03. Pub. L. 109-8</small>	
6. Unsecured Nonpriority Claim: 22,759.50 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date: 7-25-06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Duane L. Heachter V. President	

Original

THIS SPACE IS FOR COURT USE ONLY
 Tracked UPS &
 delivered 7-26-06
 Igett signed for
 7/25/06
 Mailroom

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 56, 152 and 357.

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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
DELPHI CORPORATION CLAIMS
ONE BOWLING GREEN, ROOM 534
NEW YORK, NEW YORK 10004-1408



TECHNOLOGIES
P.O. BOX 400
MIDVALE, OHIO 44653
PHONE # (740) 922-5092
FAX # (740) 922-4418

NAME OF DEBTOR: DELPHI CORPORATION
CASE NUMBER: 05-44481

RECEIVED

AUG 04 2006

ELIZABETH CARSON

SUMMARY OF DEBT OWED TO FLEX TECHNOLOGIES, INC.
P.O. BOX 400, GUNDY DRIVE, MIDVALE, OHIO 44653

#9 SUPPORTING DOCUMENTS:

CUST #315

INVOICE #54083	DATED 9-1-05	\$ 607.08
INVOICE #54116	DATED 9-9-05	\$ 607.08
INVOICE #54203	DATED 9-23-05	\$ 607.08
INVOICE #54254	DATED 9-30-05	\$ 607.08
INVOICE #54302	DATED 10-7-05	\$ 607.08

CUST #317

INVOICE #33515	DATED 8-22-05	\$ 172.80
INVOICE #54290	DATED 10-6-05	\$ 227.60
INVOICE #619638	DATED 8-24-05	\$1,483.65
INVOICE #619681	DATED 8-31-05	\$1,348.41
INVOICE #619702	DATED 9-2-05	\$ 540.96
INVOICE #619703	DATED 9-2-05	\$ 968.94
INVOICE #619720	DATED 9-7-05	\$1,217.16
INVOICE #619721	DATED 9-7-05	\$1,453.41
INVOICE #619727	DATED 9-9-05	\$1,239.42
INVOICE #619733	DATED 9-9-05	\$ 270.48
INVOICE #619743	DATED 9-12-05	\$2,077.11
INVOICE #619757	DATED 9-14-05	\$2,264.85
INVOICE #619768	DATED 9-16-05	\$1,968.12
INVOICE #619776	DATED 9-19-05	\$2,373.84
INVOICE #619789	DATED 9-21-05	\$2,723.07
INVOICE #619809	DATED 9-23-05	\$2,426.34
INVOICE #619815	DATED 9-26-05	\$1,671.39
INVOICE #619830	DATED 9-28-05	\$2,561.58
INVOICE #619843	DATED 9-30-05	\$2,561.58

\$ 30,351.46

Flex Technoic

AUG 27 2006

Midvale, OH

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INVOICE #619881	DATED 10-03-05	\$3,613.26
INVOICE #619881	DATED 10-5-05	\$1,618.89
INVOICE #619899	DATED 10-7-05	\$1,487.64

36,270.50

CUSTOMER 317 - 1

INVOICE #30771	DATED 9-13-05	\$ 228.80
INVOICE #30773	DATED 9-14-05	\$ 228.80
INVOICE #30788	DATED 9-15-05	\$ 319.60
INVOICE #30841	DATED 6-29-05	\$ 462.00
INVOICE #32201	DATED 9-20-05	\$ 86.40
INVOICE #32218	DATED 9-21-05	\$ 315.20
INVOICE #32235	DATED 9-22-05	\$ 548.40
INVOICE #32252	DATED 9-23-05	\$ 337.60
INVOICE #32297	DATED 9-26-05	\$ 548.40
INVOICE #32299	DATED 9-27-05	\$ 233.20
INVOICE #32315	DATED 9-28-05	\$ 446.40
INVOICE #32353	DATED 9-29-05	\$ 406.00
INVOICE #32366	DATED 9-30-05	\$ 570.80
INVOICE #32402	DATED 10-4-05	\$ 86.40
INVOICE #32418	DATED 10-5-05	\$ 228.80
INVOICE #32446	DATED 10-6-05	\$ 743.60
INVOICE #32462	DATED 10-7-05	\$ 570.80

63,611.20

CUSTOMER #37004

INVOICE #54094	DATED 9-2-05	\$2,352.60
INVOICE #54140	DATED 9-13-05	\$2,352.60
INVOICE #54287	DATED 10-5-05	\$2,352.60
INVOICE #54306	DATED 10-7-05	\$2,352.60

\$ 9,410.40

CUSTOMER #17000

INVOICE #2238	DATED 1-16-06	\$17,682.00
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GRAND TOTAL \$72,759.50

Gayle Goodwin
GAYLE GOODWIN
SR. ACCTING. MGR.